**10-501A. Abuse and neglect party information sheet.**

**Abuse and Neglect Cases – Information Sheet**

**(File with Petition or Amended Petition)**

*Type or print responses. Required in all abuse and neglect cases.*

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| **THIS SECTION FOR OFFICIAL USE ONLY**NOTE TO COURT CLERK: DOCKET EVENT CODE 9509, CRT: Abuse & Neglect Party Information Sheet. Scan document, but will not become part of the official record.   |
| Case number: \_\_\_\_\_\_\_  | Assigned judge: \_\_\_\_\_\_\_  |

Children’s Court Attorney’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 New petition \_\_\_\_\_\_\_\_ Amended petition (enter new info only) \_\_\_\_\_\_\_\_

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| *Enter as much of the following information as possible:*  |
| **Minor Child 1**  |
| Name (F, M, L)  |  |
| Type of current placement\*  |  |
| Date of placement  |  |
| Date of Birth  |  |
| Special Conditions†  |  |
| Respondent’s Relation to Minor Child\*\*  | Respondent 1  | Respondent 2  | Respondent 3 |
|  |  |  |
|  |
| **Minor Child 2**  |  |  |  |
| Name (F, M, L)  |  |  |  |
| Type of current placement\* |  |  |  |
| Date of placement  |  |  |  |
| Date of Birth  |  |  |  |
| Special Conditions†  |  |  |  |
| Respondent’s Relation to Minor Child\*\*  | Respondent 1  | Respondent 2  | Respondent 3  |
|  |  |  |
|  |
| **Minor Child 3** |  |  |  |
| Name (F, M, L)  |  |  |  |
| Type of current placement\* |  |  |  |
| Date of placement |  |  |  |
| Date of Birth  |  |  |  |
| Special Conditions† |  |  |  |
| Respondent’s Relation to Minor Child\*\*  | Respondent 1  | Respondent 2  | Respondent 3  |
|  |  |  |
| ***Add information for additional children as necessary.***  |

\* Type of placement: relative foster care; non-relative foster care; treatment foster care; residential treatment center; mental health facility/non-residential treatment center; juvenile justice facility

† Special Conditions: Indian Child Welfare Act (ICWA); Americans with Disabilities Act (ADA)

\*\* Relation to Minor Child: Parent, custodian, guardian, other

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| **Respondent 1**  |
| Name (F, M, L)  |  |
| Other Name (aka)  |  |
| Address |  |
| Address |  |
| Date of Birth  |  |
| Social Security Number  |  |
| Special Conditions†  |  |
|  |
| **Respondent 2**  |
| Name (F, M, L)  |  |
| Other Name (aka)  |  |
| Address  |  |
| Address |  |
| Date of Birth  |  |
| Social Security Number  |  |
| Special Conditions†  |  |
|  |
| **Respondent 3**  |
| Name (F, M, L)  |  |
| Other Name (aka)  |  |
| Address  |  |
| Address  |  |
| Date of Birth  |  |
| Social Security Number  |  |
| Special Conditions†  |  |
| ***Add information for additional Respondents as necessary.***  |

† Special Conditions: Indian Child Welfare Act (ICWA); Americans with Disabilities Act (ADA)

[Adopted by Supreme Court Order No. 14-8300-002, effective for all cases filed on or after August 31, 2014.]